

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-17-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 99214, 97010, 97032, 97035, 97250 and 97110 rendered from 7-2-02 through 9-4-02.

II. FINDINGS

1. The requestor billed \$2,609.00 for the disputed office visits and physical therapy.
2. The respondent paid \$00.00 based upon "L – Not treating doctor."
3. Total amount in dispute per TWCC-60 is \$2,324.00.
4. The insurance carrier submitted an untimely response to the request for medical dispute resolution; therefore, it will not be considered in this decision.
5. Rule 126.9 titled, Choice of Treating Doctor and Liability of Payment, subsection (c) states, "The first doctor who provides health care to an injured employee shall be known as the injured employee's initial choice of treating doctor. The following do not constitute an initial choice of treating doctor:
 - a. a doctor salaried by the employer;
 - b. a doctor recommended by the carrier or employer, unless the injured employee continues, without good cause as determined by the Commission, to receive treatment from the doctor for a period of more than 60 days; or
 - c. any doctor providing emergency care unless the injured employee received treatment from the doctor for other than follow-up care related to the emergency treatment."
6. On 7-19-02, TWCC denied the claimant's request to change treating doctor from Dr. P to Dr. R, based upon the reason provided did not justify change of treating doctor.
7. On 9-20-02, TWCC approved the claimant's request to change treating doctor from Dr. P to Dr. R based upon Dr. P's office was too far to travel.
8. Since the requestor was not the TWCC approved treating doctor and the documentation did not contain a referral from Dr. P for treatment, reimbursement for the disputed office visits and physical therapy is not recommended.

The above Findings and Decision are hereby issued this 27th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division